XVI. VISION SERVICES FOR OLDER AND DISABLED ADULTS

Current Providers:		
Funding Sources: _		

A. EXISTENCE		
Are these services available to older and		
disabled adults in your community?		
1. Does your community have at least one private provider of	Yes	No
vision services for older and disabled adults (such as an		
ophthalmologist, optometrist, or optician)?		
2. Does your community have each of the following services		
for older and disabled adults with visual impairments?		
a. Adjustment Services for the Blind & Visually	Yes	No
Impaired	105	110
b. Health Support Services	Yes	No
c. Independent Living Rehabilitation Program	Yes	No
d. Individual & Family Adjustment Services	Yes	No
e. Medical Eye Care Program	Yes	No
f. Rehabilitation Services	Yes	No
g. Special Assistance for the Blind		
h. Leisure & Recreation Activities for Blind & Visually	Yes	No
Impaired Persons		
i. Safe Travel Programs	Yes	No
3. Does your community have at least one provider who will	Yes	No
provide eye exams and other vision services to older and		
disabled adults living in assisted living facilities, adult care		
homes, and nursing facilities?		
OVERALL EXISTENCE RATING	1 2	3 4 5

B. ADEQUACY Are these services in sufficient supply for those who need it? 1. Is there a waiting list or inquiry list for the following vision services for older and disabled adults: Yes No Adjustment Services for the Blind & Visually a. Impaired? b. Health Support Services? Yes No Independent Living Rehabilitation Program? Yes c. No Individual & Family Adjustment Services? d. Yes No Medical Eye Care Program? Yes No e. f. Rehabilitation Services? Yes No Special Assistance for the Blind? g. Leisure & Recreation Activities for the Blind & Yes No h. Visually Impaired Persons? i. Safe Travel Programs? Yes No If so, how many people are waiting for each? Adjustment Services for the Blind & Visually a. Impaired: Health Support Services: b. Independent Living Rehabilitation Program: _____ c. Individual & Family Adjustment Services: _____ d. Medical Eye Care Program: _____ e. f. Rehabilitation Services: _____ Special Assistance for the Blind: g. Leisure & Recreation Activities for the Blind & h. Visually Impaired Persons: _____ Safe Travel Programs: _____ i. Why is there a waiting list (ex. lack of funding, no provider)? (How many people are on the waiting list for each service? How many currently receive service? What is the ratio of the number waiting ÷ the number of people receiving services? How does the ratio compare to state rates and similar counties? If there is no waiting list for a particular service, is it because everyone who needs service receives it, because providers do not keep waiting lists, etc.?)

2. To what extent do adults have choices in your community as to vision service providers?	1	2	3	4	5
(How many providers of each type of vision service are in your community? How many ophthalmologists and optometrists practice in your community? What choices do consumers have in the selection of providers according to funding sources, policies, procedures and regulations?)					
3. To what extent can older and disabled adults obtain emergency vision care when needed?	1	2	3	4	5
(Which providers have emergency care services? Where are they located? What are their hours? What funding sources do they accept? What are the rules governing who can access these emergency services? What types of emergency services are available/not available?)					
4. How sufficient is funding to provide vision care to all older and disabled adults in your community who need it?	1	2	3	4	5
(What funding sources pay for vision services in your community? Are there longer waiting lists for certain payment sources? What is the per capital public expenditure on all vision services for older and disabled adults in your community (including any ophthalmologist and optometrist charges covered by public funding sources)? How does this compare to the state average and similar counties?)					
OVERALL ADEQUACY RATING	1	2	3	4	5

	C. ACCESSIBILITY How obtainable are these services for those most in	need	1 9			
1	How acceptable is the average length of time it takes to	1100	u i			
1.	access each type of vision care service when needed:					
	access each type of vision care service when needed.					
	a. Private providers of vision services (such as	1	2	3	4	5
	ophthalmologists, optometrists, and opticians)?					
	b. Adjustment Services for the Blind & Visually	1	2	3	4	5
	Impaired?					
	c. Health Support Services?	1	2	3	4	5
	d. Independent Living Rehabilitation Program?	1	2	3 3 3	4	5
	e. Individual & Family Adjustment Services?	1	2	3	4 4	5 5 5
	f. Medical Eye Care Program?	1	2	3	4	5
	g. Rehabilitation Services?	1	2	3	4	5
	h. Special Assistance for the Blind?	1	2	3	4	5
	i. Leisure & Recreation Activities for Blind & Visually	1	2	3	4	5
	Impaired Persons?					
	j. Safe Travel Programs?	1	2	3	4	5
	(What is the average time it takes to get a non-emergency appointment with an ophthalmologist from first call to the office appointment? What is the average time it takes to schedule cataract surgery from the time the need for surgery is diagnosed? On average, how long does it takes from initial contact with supportive services until services are received? What % of people who have had initial contact with agencies offering supportive service drop-out before they receive services?)					
2.	How adequate are the outreach programs conducted by	1	2	3	4	5
	agencies that provide supportive services to blind and					
	visually impaired residents in your community?					
	(What types of public information, outreach, and other informational programs are offered to the general public, caregivers, and others? What % of consumers are self referred?)					
3.	To what degree are the above public communications and outreach activities consumer-friendly?	1	2	3	4	5
	(What is the average reading level of materials? Are materials available in languages other than English as appropriate for your community? Are they available in Braille? Are they available in large-print?)					

4.	To what degree does the general public know about available supportive services for blind and visually impaired consumers in your community?	1	2	3	4	5
	(What % of consumers are family referred? What % of these calls are appropriate for supportive services for persons who are blind and visually impaired?)					
5.	To what extent do key referral sources (e.g. physicians,	1	2	3	4	5
	discharge planners, care managers, etc.) know about					
	supportive services for blind and visually impaired persons					
	in your community?					
	(What % of consumers are from key referral sources? What % of their referrals are appropriate?)					
6.	To what extent are vision care services affordable to	1	2	3	4	5
	everyone who needs assistance?					
	(What funding sources are accepted by ophthalmologists in your community? By optometrists? By opticians? By agencies providing supportive services for the blind and visually impaired? What is the per capita expenditure (for all older and disabled adults) for each type of vision service in your community? What % of people are turned away each year because of an inability to pay? Do ophthalmologists and optometrists donate a portion of their time to serve older and disabled adults who cannot afford services? What funding is available to consumers in need of financial assistance? Do any providers offer sliding scale fees or discounts for services?)					
7.	To what degree are each of the vision care providers' or					
	providers of supportive services' (listed below) physical					
	locations and service delivery processes accessible to people with disabilities:					
	a. Private providers of vision services (such as	1	2	3	4	5
	ophthalmologists, optometrists, and opticians)?					
	b. Adjustment Services for the Blind & Visually	1	2	3	4	5
	Impaired?					
	c. Health Support Services?	1	2	3	4	5
	d. Independent Living Rehabilitation Program?	1	2	3	4	5
	e. Individual & Family Adjustment Services?	1	2 2	3	4	5
	f. Medical Eye Care Program?	1	2	3	4	5
	g. Rehabilitation Services?	1	2	3	4	5
	h. Special Assistance for the Blind?	1	2	3	4	5

	i. Leisure & Recreation Activities for the Blind &	1	2	3	4	5
	Visually Impaired Persons?					
	j. Safe Travel Programs?	1	2	3	4	5
	(Are providers' physical facilities handicap-accessible? Are					
	providers located on public transportation routes?)					
8.	To what extent are the hours of operation for each of the					
	services below convenient for older and disabled adults					
	needing services as well as their caregivers and/or family:					
	Vision agra sarvigas (such as those provided by	1	2	3	1	5
	a. Vision care services (such as those provided by	1	2	3	4	3
	ophthalmologists, optometrists, and opticians)?	1	2	2	1	_
	b. Adjustment Services for the Blind & Visually	1	2	3	4	5
	Impaired?		_	_		_
	c. Health Support Services?	1	2	3	4	5
	d. Independent Living Rehabilitation Program?	1	2	3	4	5
	e. Individual & Family Adjustment Services?	1	2	3	4	5
	f. Medical Eye Care Program?	1	2	3	4	5
	g. Rehabilitation Services?	1	2	3	4	5
	h. Special Assistance for the Blind?	1	2	3	4	5
	i. Leisure & Recreation Activities for Blind & Visually	1	2	3	4	5
	Impaired Persons?					
	j. Safe Travel Programs?	1	2	3	4	5
	(What are the days and hours of operation? Do providers have after-					
	hours or emergency service?)					
O	VERALL ACCESSIBILITY RATING	1	2	3	4	5

D. EFFICIENCY AND DUPLICATION OF SERVICES How reasonable are the costs of services? c options for streamlining services available in the communi

	How reasonable are the costs of services?					
	Are options for streamlining services available in the co	mm	unit	<u>y?</u>		
	or each type of service (listed below) in your community,					
if	there are multiple providers, to what extent are the costs					
of	services comparable:					
a.	Private providers of vision services (such as	1	2	3	4	5
	ophthalmologists, optometrists, and opticians)?					
b.	Adjustment Services for the Blind & Visually	1	2	3	4	5
	Impaired?					
c.	Health Support Services?	1	2	3	4	5
d.	Independent Living Rehabilitation Program?	1	2	3	4	5
e.	Individual & Family Adjustment Services?	1	2	3	4	5
f.	Medical Eye Care Program?	1	2	3	4	5
g.	Rehabilitation Services?	1	2	3	4	5 5
h.	Special Assistance for the Blind?	1	2	3	4	5
i.	Leisure & Recreation Activities for Blind & Visually	1	2	3	4	5
	Impaired Persons?					
j.	Safe Travel Programs?	1	2	3	4	5
	That are the average costs for each provider by service area? How					
	these rates compare to state averages and each other? Is there					
	stification for large differences in rates for similar services?)					
	ow reasonable are the costs of each type of vision care					
	rvice and supportive service for persons who are blind or					
VI	sually impaired in your community:					
a.	Private providers of vision services (such as	1	2	3	1	5
a.	ophthalmologists, optometrists, and opticians)?	1	_	5	_	5
b.	Adjustment Services for the Blind & Visually	1	2	3	4	5
0.	Impaired?	1	_	5	7	5
c.	Health Support Services?	1	2	3	4	5
d.	Independent Living Rehabilitation Program?	1	2	3	4	5
e.	Individual & Family Adjustment Services?	1	2	3	4	5
f.	Medical Eye Care Program?	1	2	3	4	5
	Rehabilitation Services?	1	2	3	4	5
g. h.	Special Assistance for the Blind?	1	2	3	4	5
	Leisure & Recreation Activities for Blind & Visually	1	2	3	4	5
1.	Leisure & Recreation Activities for Dilliu & Visually	1		J	+	J

	Impaired Persons?					
	j. Safe Travel Programs?	1	2	3	1	5
	j. Saic Havel Hogranis:	1	_	5	+	5
	(What is the average cost for each type of vision service? Is there a					
	sliding scale? What % are subsidized? How does the % of					
	consumers being subsidized compare to the average state %?)					
3.	How reasonable are the administrative costs of providing	1	2	3	4	5
	public programs to serve people who are blind or visually					
	impaired?					
	(What % of providers' budgets is used for administrative expenses?					
	How does this compare to state and comparable counties' figures?)					
4.	If there are multiple providers of services to blind and	1	2	3	4	5
	visually impaired persons, to what extent do they work					
	together to serve consumers and accomplish projects?					
	(Do any scheduled meetings take place among providers of services					
	to blind and visually impaired consumers? Do providers of services have any cooperative agreements with each other? How often do					
	they collaborate on projects or cases? What types of projects or cases					
	do they collaborate on? Do these providers have good working					
	relationships with ophthalmologists and optometrists? Do					
	ophthalmologists and optometrists participate in any of these					
L_	collaborative projects?)					
5.	1 11	1	2	3	4	5
	blind and visually impaired utilize cost-savings practices					
	such as volunteer labor and/or donated spaces?					
	(What % of providers' revenues comes from these sources?)					
6	To what extent do providers of supportive services to blind	1	2	3	4	5
0.	and visually impaired consumers use budget-extending	1	_	5	7	5
	practices, such as fundraisers, foundation grants, memorial					
	gifts, or client contributions to serve more persons?					
	gires, of elicit contributions to serve more persons:					
	(What % of providers' revenues comes from these sources?)					
7.	How extensive are your community's Lions Club program	1	2	3	4	5
	in assisting older and disabled adults with vision services?					
	(What services does the Lions Club provide in your community?					
	How many people receive those services? What are the most					
	requested services? Are there other civic and/or fraternal					
	organizations in the community that provide vision assistance to older					

and disabled adults?)					
OVERALL EFFICIENCY AND DUPLICATION RATING	1	2	3	4	5

E. Equity					
How available are these services to all who need them w	ithoı	at bi	as?		
 To what extent are vision care services available or in close proximity to residents in all geographic areas in your community? (Where are providers located? Are there any areas more than 20 miles from a provider? Are providers located on public 	1	2	3	4	5
transportation routes?)	4				
2. To what degree are supportive services available to all populations in your community without bias?(What are the demographic characteristics of consumers who receive supportive services for the blind and visually impaired (e.g. age,	1	2	3	4	5
gender, race, payment source, income)? How do client characteristics (%) compare to the characteristics of your community's general older and disabled adult population? Are there reasons other than income that some groups are over- or under-represented?)					
3. To what extent can ophthalmologists and optometrists provide services to older and disabled adults with special needs, such as Alzheimer's Disease? (What arrangements have been made to serve people with special needs, including Alzheimer's Disease? Are staff trained to assist older and/or disabled adults with special needs? What % of ophthalmologists' and optometrists' patients have special needs?)	1	2	3	4	5
4. To what extent do ophthalmologists treat subsidized patients the same as private pay patients? Optometrists? Opticians? (Are there differences in services provided to subsidized vs. private)	1	2	3	4	5
pay patients?) 5. If there is a waiting list for supportive services for blind and visually impaired people, how sufficient is the system in place for prioritizing consumers in terms of need? (What rules, policies and/or procedures are in place for prioritizing consumers?)	1	2	3	4	5
OVERALL EQUITY RATING	1	2	3	4	5

F. Quality/Effectiveness How successful are these services in addressing consur	nors!	naa	1c9		
To what extent do providers of supportive services for the blind and visually impaired have special quality assessment or improvement efforts underway? (What process, QA and/or outcome evaluations have been conducted)	1	2	3	4	5
 in the past 5 years? How have they been used?) 2. To what extent do the providers of supportive services survey consumers who are blind and visually impaired and their families to determine satisfaction with services? 	1	2	3	4	5
(Have consumers been surveyed in the past 5 years? If so, what process was used? What were the major findings?)					
3. To what extent do the providers act on consumers' feedback?(What policy and/or programmatic changes have occurred in the past 5 years as a direct result of client feedback?)	1	2	3	4	5
4. How sufficient is the complaint resolution process? (What is the complaint resolution process? How many complaints were documented last year? What was the nature of the complaints? What % were rectified?)	1	2	3	4	5
5. To what extent are complaints considered during planning, program development, or quality improvement efforts?(What policy and/or programmatic changes have occurred in the past 5 years as a direct result of client complaints?)	1	2	3	4	5
6. Have there been any lawsuits or other charges of improper or inadequate practices filed against ophthalmologists, optometrists, or opticians in your community during the past five years?	Y	es			No
7. To what extent do providers of supportive services for the blind and visually impaired regularly provide education and communicate unmet needs to county commissioners, planning bodies, and other agencies? (Are providers represented in meetings of county commissioners, planning boards and other agencies? How? Are ophthalmologists and optometrists represented as appropriate?)	1	2	3	4	5

OVERALL QUALITY/EFFECTIVENESS RATING	1	2	3	4	5
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Recap of Overall Vision Care Ratings					
Existence	1	2	3	4	5
Adequacy	1	2	3	4	5
Accessibility	1	2	3	4	5
Efficiency and Duplication	1	2	3	4	5
Equity	1	2	3	4	5
Quality/ Effectiveness	1	2	3	4	5

Vision Care's Major Strengths:

Identified Barriers and Areas for Improvement: